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# Russell Portenoy: Giving Patients Relief

BY PAUL ENGSTROM

The past 20 years have seen remarkable advances in the way clinicians view and treat pain, including the pain associated with cancer and related therapies. Innovations in the pipeline or newly arrived on the market suggest such progress will continue in the years ahead.

Among the pioneers of these developments is Russell Portenoy, MD, chairman of the Department of Pain Medicine and Palliative Care at Beth Israel Medical Center in New York. It has been quite a journey for someone who, back in the early 1980s as he was beginning his neurology residency at Albert Einstein College of Medicine in the Bronx, thought a fellow physician and future mentor was joking when he told Portenoy he specialized in pain. Within months, after clinical observation and reading, Portenoy also chose pain management as his career path.

Since those days, many clinicians have come to realize that pain is more than just a symptom—it can be a debilitating chronic condition requiring close attention and therapy.

“Palliative care is quality of life-oriented care that should begin at the time of diagnosis and be on the radar screen as a best practice no matter who’s treating patients with cancer,” Portenoy says.

He says there is a nationwide consensus now that palliative care—supportive care at any stage of cancer—is a best practice that all oncologists, neurologists, and primary care physicians should provide. Indeed, palliative care became a formally recognized subspecialty in 2006.

Portenoy’s research on analgesics, opioid pharmacology, symptom measurement, and quality of life assessment, and the 17 books and more than 450 papers and book chapters he has written or contributed to, have earned him numerous awards and editor assignments at pain- and oncology-related journals.

Among other projects, he and colleagues at Beth Israel participated in clinical trials of BEMA Fentanyl, a small, dissolvable polymer disc for breakthrough pain, and in trials of Relistor (methylnaltrexone), a novel compound just approved by the Food and Drug Administration in April to treat constipation caused by opioids in patients with advanced disease.

One of the biggest challenges, says Portenoy, is overcoming the frequent barriers imposed by health insurers for payment of effective analgesics not approved by the FDA for cancer-related pain. Still, he’s optimistic about the future.

"The person suffering with tumor invasion of a nerve or severe neuropathy related to chemotherapy will have so many more options in a few

years--assuming the health care system grants them access," he says.